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OPNAV INSTRUCTION 6400.1D
MARINE CORPS ORDER 6400.1A

From: Chief of Naval Operations
Commandant of the Marine Corps

Subj: TRAINING, CERTIFICATION, SUPERVISION, AND EMPLOYMENT OF
INDEPENDENT DUTY CORPSMAN

Ref: (a) OPNAVINST 6320.7A
(b) MILPERSMAN 1616-010
(c) MILPERSMAN 1221-021
(d) NAVPERS 18068F

Encl: (1) Acronyms and Definitions
(2) Independent Duty Corpsmen Supervision Program Organization Chart
(3) Guidelines for Clinical Use of Independent Duty Corpsmen
(4) Independent Duty Corpsmen Training, Certification, and Supervision Guidelines
(5) Navy Enlisted Classification Removal Process
(6) Sample Authorization to Prescribe Medication
(7) Sample Request for Independent Duty Corpsman Continuing Education Funding
(8) Sample Appointment of Program Director
(9) Sample Appointment of Program Manager
(10) Sample Appointment of Clinical Supervisor and Assistant Program Manager
(11) Sample Notification of Independent Duty Corpsman Clinical Supervisor
Appointment

1. Purpose. To issue Department of the Navy (DON) policy for training, certifying, employing, and supervising independent duty corpsmen (IDC) Navy enlisted classification (NEC) codes: Hospital Corpsman (HM)-8402 Submarine Force IDC, HM-8403 Fleet Marine Force Reconnaissance IDC, HM-8425 Surface Force IDC, and HM-8494 Deep Sea Diving IDC. This instruction has administrative updates, renaming of physician program director to program director, and updating of training certification, and supervision guidance. This instruction is a complete revision and should be reviewed in its entirety.

2. Cancellation. OPNAVINST 6400.1C and MCO 6400.1.

3. Applicability and Scope. This instruction applies to all active duty and full-time support Service members. This instruction is limited to the delivery of health care approved by DON and clarifies the provisions of reference (a) as it pertains to IDCs. Reference (b) must be used to initiate the detachment for cause process, and references (c) and (d) must be used to request removal of an NEC.

4. Background. This instruction is in support of the historical and highly successful physician and IDC relationship in the delivery of quality health care.

a. The IDC NEC codes were established to identify highly motivated and specially trained hospital corpsmen to manage health programs and provide primary care under indirect supervision on shore, at sea, and on mission deployment. Independent duty means that the IDC is supervised indirectly, after diagnosis and treatment has taken place.

b. As physician extenders, it is necessary for IDCs to have a close relationship with their privileged clinical supervisors. This relationship is the bedrock of quality health care for Sailors and Marines. Certified by their clinical supervisor, the IDC can practice under indirect supervision and can be assigned the title of senior medical department representative (SMDR).

5. Acronyms and Definitions. See enclosure (1).

6. Policy

a. Program Elements. The ability of a Navy IDC to provide primary health care under indirect supervision requires:

- (1) assignment of an IDC NEC code,
- (2) certification by a clinical supervisor,
- (3) participation in a command sponsored IDC supervision program, and
- (4) the highest level of ethical standards in the provision of health care.

b. IDC Supervision. IDC supervision is either direct or indirect. During direct supervision, the IDC and the clinical supervisor are involved together in the diagnosis and treatment of the patient at the time service is rendered. During indirect supervision, the IDC determines the diagnosis and initiates the treatment of the patient without the clinical supervisor being present, but reports back to the clinical supervisor during scheduled reviews.

c. Supervision Program

(1) The IDC supervision program must be directed and managed by a program director, who is a licensed, credentialed and privileged physician. The program director will be assisted by a program manager who is an IDC, E-7 or above (preferably E-8), and has been designated by the program director.

(2) All Navy IDCs must be supervised by an assigned clinical supervisor. The supervision program must provide ongoing clinical training for the IDC and foster a supportive clinical relationship.

(3) IDCs participating in the program must be assigned a clinical supervisor, in writing, by the program director. The clinical supervisor will be responsible for ensuring the IDC, is supported and monitored for the delivery of quality health care. The clinical supervisor will be assisted by an assistant program manager designated, in writing, by the program director. Enclosure (2) shows the relationships between the program director, program manager, clinical supervisor, assistant program manager, and IDC.

(4) IDCs assigned to commands that do not have an IDC supervision program will be assigned to a supervision program of the medical department: a local immediate superior in command (ISIC), nearest Navy medical treatment facility (MTF) (preferably), or a Department of Defense (DoD) MTF.

(5) The utilization, training, supervision, and certification guidelines are delineated in enclosures (3) and (4). The NEC removal process is delineated in enclosure (5). Supporting documents and sample letters are provided in enclosures (6) through (11).

7. Roles and Responsibilities

a. Chief, Bureau of Medicine and Surgery (BUMED)

(1) Appoint the Head, Undersea Medicine and Radiation Health or Head, Surface Medicine (BUMED-M95), under the Assistant Deputy Chief, Operational Medicine and Capabilities Development (BUMED-M9), as the DON focal point for this program.

(2) Monitor and ensure compliance with this program by designating this program as a medical inspector general review requirement.

b. The Medical Officer of the Marine Corps (TMO) Headquarters Marine Corps, (Code HS)

(1) Serve as the United States Marine Corps (USMC) focal point for this program.

(2) Monitor and ensure compliance with this instruction through review of commanding general inspections and via quarterly and annual reports.

c. Fleet Surgeons; Commander, U.S. Fleet Forces Command (COMUSFLTFORCOM); Commander, U.S. Pacific Fleet (COMPACFLT); and Naval Special Warfare Command (COMNAVSPECWARCOM)

(1) Serve as the fleet focal points for this program.

(2) Monitor and ensure compliance via the fleet inspector general process.

d. Commanders, Navy Medicine East and West

(1) Serve as regional fixed MTF focal points for this program.

(2) Monitor and ensure compliance via quarterly and annual reports.

(3) Ensure opportunities for clinical practice and training are afforded to all IDCs under their cognizance.

e. Commander, Navy Personnel Command

(1) Include the requirement in permanent change of station (PCS) orders that the detaching commands ensure that the IDC is certified and all professional qualifications are current in accordance with this instruction for IDCs reporting for independent duty.

(2) Include IDC refresher training (REFTRA) in PCS orders for IDCs transferring from shore duty to sea or other operational duty.

(3) Hold orders in abeyance for IDCs who are not currently certified before detachment for sea or operational duty assignments. The detaching activity must notify Naval Personnel Command (NAVPERSCOM), Hospital Corpsman Enlisted Detailing (PERS-407), the receiving command, and BUMED-M9 via message.

f. Commander, Navy Medicine Education, Training and Logistics Command (NAVMEDEDTRALOGCOM)

(1) Provide technical guidance for medical training.

(2) Provide the items listed in subparagraphs 7f(2)(a) and 7f(2)(b).

(a) Standardized academic and vocational training courses aligned with the missions associated with each IDC NEC. These courses will provide certification of an IDC to perform duties independent of a medical officer before initial assignment.

(b) A BUMED-approved formal REFTRA course for IDCs transferring from shore duty to sea or operational duty.

(3) Ensure Navy Medicine Professional Development Center (NAVMEDPRODEVCTR) provides temporary additional duty (TAD) funding and support for maintenance of continuing education unit (CEU) training for IDCs who are assigned duty to non-BUMED budget submitting office (BSO 18) activities.

(4) Confer with COMUSFLTFORCOM, COMPACFLT, COMNAVSPECWARCOM, TMO, and BUMED-M95 on IDC curriculum review for continuous improvement and relevance.

(5) Develop metrics to evaluate effectiveness of selection and training.

(6) Serve as regional fixed focal point for this program.

(7) Monitor and ensure compliance via quarterly and annual reports.

(8) Ensure opportunities for clinical practice and training are afforded all IDCs under their cognizance.

g. Relevant Medical Authority (Commanding Officer of MTFs, TMO, COMUSFLTFORCOM Surgeon, COMPACFLT Surgeon, and COMNAVSPECWARCOM Surgeon)

(1) Ensure IDCs comply with this instruction and only practice within an IDC supervision program.

(2) If certain clinical training is not available within the command, ensure all efforts are made to secure the necessary training through other local resources (e.g., affiliated civilian hospitals, university centers). Enclosure (3) provides guidance in the clinical employment of IDCs.

(3) Support provision of CEU opportunities for IDCs attached to their commands, including funding for CEU courses.

(4) Appoint, in writing, their respective program director.

h. Program Director

- (1) Appoint, in writing, the IDC program manager.
- (2) Together with the IDC program manager:
 - (a) maintain the IDC supervision program and ensure continuous IDC certification;
 - (b) appoint, in writing, a clinical supervisor and assistant the program manager for each IDC;
 - (c) provide instruction, supervision, consultation, and assigned relief as requested by the IDC's clinical supervisors or assistant program managers (leave, TAD, individual augmentation);
 - (d) ensure the quality of care provided by each IDC is subject to program monitoring per community standards for primary care;
 - (e) provide quarterly and annual reports, with metrics on participants in the program and elements of certification, to the commanding officer or other relevant authority (e.g., COMUSFLTFORCOM, COMPACFLT, TMO) via the chain of command (for operational type commanders (TYCOM), this report should be provided to the COMUSFLTFORCOM and COMPACFLT Surgeons or TMO, via the chain of command);
 - (f) ensure that IDC reviews, assessments, and inspections are performed as required from their respective MTF, fleet, or USMC authority; and
 - (g) approve all plans of IDC remediation recommended by the clinical supervisor.

i. Clinical Supervisors and Assistant Program Managers

- (1) Provide supervision and training following the guidelines outlined in enclosure (4).
- (2) Be readily available to the practicing IDC to foster a close working relationship, and to provide professional support through instruction, hands-on assistance, and clinical advice.
- (3) Ensure that IDCs are afforded the opportunity to train in the competencies listed in NAVMED 6400/2 Competencies Defining Independent Duty Corpsmen Scope of Care.
- (4) Submit a quarterly and annual report, with metrics on participants in the program and elements of certification to the program director or senior enlisted program manager via the commanding officer.

j. IDC

(1) Strive to provide the highest quality of care possible to their patients consistent with community standards for primary and emergency care.

(2) Complete and maintain all applicable training and certifications per this instruction.

(3) Be available, when practical, to their clinical supervisor for professional support and supervision through instruction, hands-on assistance, clinical advice, and patient health record reviews.

8. Records Management

a. Records created as a result of this instruction, regardless of format or media, must be maintained and dispositioned for the standard subject identification codes 1000 through 13000 series per the records disposition schedules located on the Department of the Navy/Assistant for Administration (DON/AA), Directives and Records Management Division (DRMD) portal page at <https://portal.secnav.navy.mil/orgs/DUSNM/DONAA/DRM/Records-and-Information-Management/Approved%20Record%20Schedules/Forms/AllItems.aspx>.

b. For questions concerning the management of records related to this instruction or the records disposition schedules, please contact the local records manager or the DON/AA DRMD program office.

9. Review and Effective Date. Per OPNAVINST 5215.17A, Surgeon General of the Navy (CNO N093) and BUMED-M9 will review this instruction annually around the anniversary of its issuance date to ensure applicability, currency, and consistency with Federal, Department of Defense, Secretary of the Navy, and Navy policy and statutory authority using OPNAV 5215/40 Review of Instruction. This instruction will be in effect for 10 years, unless revised or cancelled in the interim, and will be reissued by the 10-year anniversary date if it is still required, unless it meets one of the exceptions in OPNAVINST 5215.17A, paragraph 9. Otherwise, if the instruction is no longer required, it will be processed for cancellation as soon as the need for cancellation is known following the guidance in OPNAV Manual 5215.1 of May 2016.

10. Forms and Information Management Control

a. Forms. The forms in subparagraphs 10a(1) through 10a(5) are available for download from Naval Forms OnLine, <https://navalforms.documentservices.dla.mil/web/public/home>.

(1) NAVPERS 1070/613 Administrative Remarks, (this form is also available at: <http://www.public.navy.mil/bupers-npc/reference/forms/NAVPERS/>).

(2) NAVPERS 1221/6 Navy Enlisted Classification (NEC) Change Request, (this form is also available at: <http://www.public.navy.mil/bupers-npc/reference/forms/NAVPERS/>).

(3) NAVPERS 1626/7 Report of Disposition of Offense(s), (this form is also available at: <http://www.public.navy.mil/bupers-npc/reference/forms/NAVPERS/>).

(4) NAVMED 6400/1 IDC Record of Medical Evaluation, Counseling, Case Study, and Training, (this form is also available at: <http://www.med.navy.mil/directives/Pages/NAVMEDForms.aspx>).


(5) NAVMED 6400/2 Competencies Defining Independent Duty Corpsmen Scope of Care, (this form is also available at: <http://www.med.navy.mil/directives/Pages/NAVMEDForms.aspx>).

b. Information Management Control

(1) Report Control Symbol NAVMED 6400-1 is assigned to the data collection for annual evaluation for each IDC and semiannual report to the program director contained in enclosure (4), subparagraph 5d.

(2) Report Control Symbol NAVMED 6400-2 is assigned to the data collection for quarterly report containing metrics on participants in the IDC program contained in subparagraphs 7d(2), 7h(2)(e), and 7i(4).


C. FORREST FAISON III
Surgeon General of the Navy


M. G. DANA
Director, Marine Corps Staff

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ACRONYMS AND DEFINITIONS

1. Advanced Cardiac Life Support (ACLS)
2. Assistant Program Manager. An enlisted medical representative, who is a senior IDC with operational experience at an ISIC facility, who has been appointed by the program director to assist the management of the IDC supervision program.
3. Basic Life Support (BLS)
4. Budget Submitting Office (BSO) 18. BUMED is the BSO, unit identification code 00018.
5. Bureau of Medicine and Surgery (BUMED)
6. Clinical Supervisor. A licensed, credentialed and privileged physician. Clinical supervisors are assigned responsibility to supervise and certify responsibility for the IDCs, assuring their continued ability to provide quality health care independent of direct supervision. The clinical supervisor is responsible for the health care rendered by the IDC when under either direct or indirect supervision.
7. Commander, U.S. Fleet Forces Command (COMUSFLTFORCOM)
8. Commander, U.S. Pacific Fleet (COMPACFLT)
9. Continuing Education Unit (CEU). Authorized educational activities that serve to maintain IDC certification. See enclosure (4) for details.
10. Deployed. For the purposes of this instruction, any time an IDC leaves their primary duty station or home port to support operational missions.
11. Department of the Navy (DON)
12. Immediate Superior in Command (ISIC)
13. Independent Duty Corpsmen (IDC). IDCs are hospital corpsmen in pay grades E-5 through E-9 who have successfully completed IDC "C" School and have been awarded an associated NEC. An IDC is a healthcare provider who, when certified, may provide primary and emergency care for active duty service members under indirect supervision. IDCs perform their clinical, administrative, and logistical duties as the SMDR with the submarine forces, USMC, surface forces, special operations units, and for deep sea diving commands. IDCs may be assigned to fixed MTFs and to units of the operational forces.

14. IDC Supervision Program. Supervision is the process of reviewing, observing, critiquing, correcting, advising, and training IDCs. The IDC will be held responsible for unethical actions or deviation from accepted standards of care, or failure to maintain the core competencies. The clinical supervisor will be responsible for reviewing the diagnosis and treatment of the Service member via the health record review process. Supervision must consist of, at a minimum, quarterly review of medical records and a meeting between the IDC and their assigned clinical supervisor on the health care provided to Service members. The levels of supervision listed in subparagraphs 14a and 14b are pertinent.

a. Direct. The clinical supervisor is involved in the decision making process. This level of supervision is for all non-certified IDCs who are undergoing their evaluation period for recertification with their clinical supervisor after a lapse of certification; or those undergoing remedial training in primary care after suspension of certification. Direct supervision includes the aspects in both subparagraphs 14a(1) and 14a(2).

(1) Verbal. The clinical supervisor monitors the provision of care through direct conversation with the IDC while the patient is still present in the clinical space.

(2) Physical Presence. The clinical supervisor is present in the medical space where care is being provided through all or a significant portion of the clinical encounter.

b. Indirect. The clinical supervisor is not involved in the decision making process of diagnosis and treatment at the time patient care is rendered. This type of supervision is accomplished through retrospective review of medical records, evaluation of the appropriateness of consultations and referrals, evaluation of events identified through occurrence screens, and by quarterly meetings between the IDC and the clinical supervisor discussing health care provided to Service members by the IDC. This supervision is documented on NAVMED 6400/1 IDC Record of Medical Evaluation, Counseling, Case Study, and Training and by countersignature on the clinical notes, dated at the time of the review. Retrospective medical record reviews must assess the thoroughness and completeness of the history and physical examination; appropriateness of tests, studies, and diagnoses; and treatment plans, including use of drugs, minor surgical procedures, and the overall quality of care provided. Review of care also assesses the IDC's insight and judgment in terms of providing health care only according to their authorized scope of practice, and knowing when to refer a patient to the next echelon of care. This level of supervision is reserved for certified IDCs.

15. Marine Expeditionary Force (MEF)

16. Medical Home Port. Medical home port is a patient and family-centered health care delivery primary care model that is team-based, comprehensive, and designed to fully meet the health and wellness needs of beneficiaries.

17. Medical Treatment Facilities (MTF). Includes the list in subparagraphs 17a through 17g, unless otherwise stated.
- a. Naval medical centers
 - b. Naval hospitals
 - c. Naval health clinics
 - d. Naval dental facilities
 - e. Medical and dental facilities afloat (e.g., hospital ships, sickbays)
 - f. Deployed field medical and dental units of operational forces
 - g. Navy operational force medical clinics, including organic medical assets of the Fleet Marine Force.
18. Naval Undersea Medical Institute (NAVUSEAMEDINST)
19. Naval Special Operations Medical Institute (NAVSPECOPSMEDINST)
20. Navy Enlisted Classification (NEC)
21. Navy Medicine Education, Training and Logistics Command (NAVMEDEDTRALOGCOM)
22. Navy Medicine Professional Development Center (NAVMEDPRODEVCTR)
23. Navy Personnel Command (NAVPERSCOM)
24. Organic Medical Assets (Marine Corps). All Navy medicine personnel along with their associated consumable and non-consumable equipment assigned to a Marine Corps unit, regardless of size.
25. Permanent Change of Station (PCS)
26. Primary Care Provider. Healthcare providers who act as a first point of consultation for all patients.
27. Program Director. A senior licensed and privileged physician, preferably with operational experience at a TYCOM, MEF, or region level, and significant knowledge of the role of the IDC.

The program director is responsible for implementation and execution of the IDC supervision program for the commander, commanding officer, or officer in charge.

28. Program Manager. A senior enlisted medical representative, who is a senior IDC with operational experience, E-7 or above (preferred E-8), who has been appointed by the program director to manage the command IDC supervision program.

29. Recertification. Denotes successful completion every 2 years after initial certification of qualifications for duties as an IDC, through periodic medical record review, successful oral test of medical knowledge, and completion of 15 CEUs annually.

30. Relevant Medical Authority. A senior officer responsible for the establishment of the IDC supervision program. The relevant medical authority has the authority at an echelon 2 medical department or the MTF commanding officer.

31. Refresher Training (REFTRA). A course of instruction offered by Surface Warfare Medical Institute (SURFWARMEDINST), NAVUSEAMEDINST, or NAVSPECOPSMEDINST designed to refresh IDC administrative skills and to provide updates on operationally relevant occupational health programs (e.g., radiation health, pest control). The REFTRA course is not designed to reestablish clinical competency.

32. Senior Medical Department Representative (SMDR). The SMDR is an IDC who is assigned to an operational unit at sea or in a deployed (remote or isolated) environment operating without direct physician supervision.

33. Surface Warfare Medical Institute (SURFWARMEDINST)

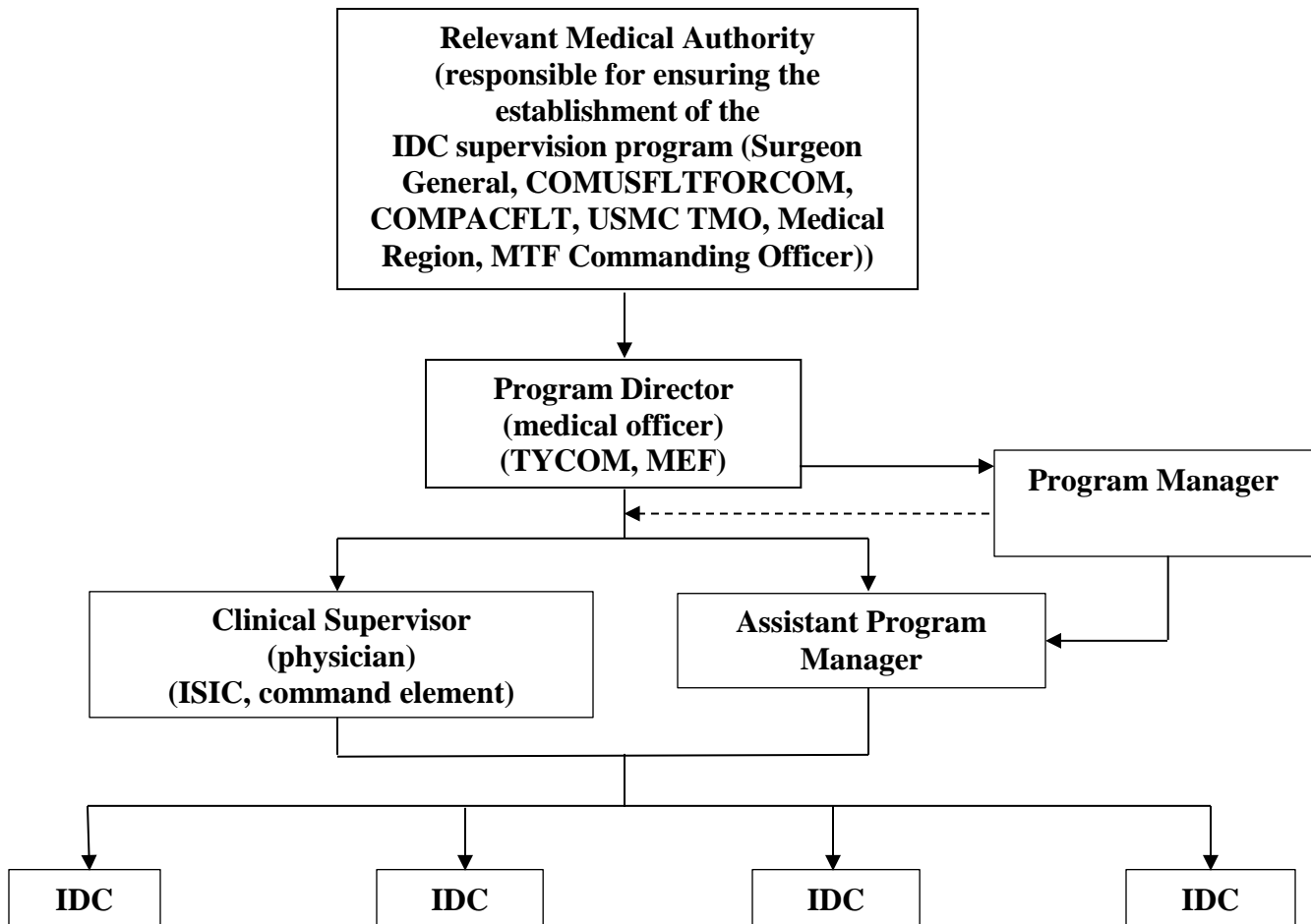
34. The Medical Officer of the Marine Corps (TMO)

35. Type Commander (TYCOM)

36. United States Marine Corps (USMC)

37. Temporary Additional Duty (TAD)

INDEPENDENT DUTY CORPSMEN SUPERVISION
PROGRAM ORGANIZATION CHART



GUIDELINES FOR CLINICAL USE OF INDEPENDENT DUTY CORPSMEN

1. IDCs will only function clinically under the supervision of a licensed and privileged physician, either directly or indirectly.
2. IDCs will not practice clinical medicine unless they are enrolled in an IDC supervision program. An IDC's duty assignment should be commensurate with their skill, expertise, and supervision requirements.
3. Once certified and enrolled in an IDC supervision program, IDCs may assess, triage, and treat patients via indirect supervision. This includes writing consults and ordering medications within their scope of practice, preferably in an electronic medical record system (i.e., Military Health System Genesis, Armed Forces Health Longitudinal Technology Application, Theater Medical Information Program, or Shipboard Automated Medical System).
4. IDCs must wear an identification badge to ensure patients are aware of their name and role. It must be clearly visible with the words "Independent Duty Corpsman" imprinted below the name (applies to MTFs only).
5. IDCs must sign the medical record of each Service member examined, treated, or referred for treatment. They must print or stamp name, rate, title, and National Provider Identifier. If utilizing the electronic health record, the encounter will be electronically signed by the IDC.
6. The IDC quarterly record review, when in a deployed status, may be delayed until return to homeport. All IDC supervision program requirements must be resumed immediately upon return to homeport. The clinical supervisor must conduct a complete review of the medical care provided by IDCs returning from deployment within 2 months of return-to-homeport.
7. Certified IDCs may provide care to active duty Service members, including members of other Services and foreign military members, under indirect supervision. Care provided to all other patients, including family members and retired beneficiaries, requires direct supervision.
8. IDCs must discuss with the clinical supervisor, any patient who presents with worsening symptoms for two visits in a single episode of illness, or any patient whose condition is not improving and returns prior to scheduled follow-up. This does not apply either to patients returning for continuing treatment of previously documented, stable, chronic illnesses, or to patients returning as directed for follow-up evaluation of resolving acute illnesses.
9. IDCs are authorized to provide clinical advice virtually to include secure messaging, telephone consultation, and other virtual care modalities available in their clinical setting. All clinical advice that is provided via virtual or by means of telephone will be documented appropriately and is subject to review by the clinical supervisor.

10. Certified IDCs assigned to a Navy MTF or Navy and Marine Corps operational unit must:

a. diagnose and treat 30 patients per month at a minimum under an IDC supervision program; and

b. not be precluded from other administrative or leadership opportunities. IDCs assigned to leadership positions such as fleet, TYCOM corpsmen, community managers or detailers, and master chief petty officers are exempt from patient care requirements. IDCs assigned to instructor billets (e.g., afloat training group, SURFWARMEDINST, NAVUSEAMEDINST), as ISIC IDCs or to directorate level leadership positions at BSO 18 commands, are required to diagnose and treat a minimum of 10 patients per month.

11. In life-threatening emergencies, at a minimum, the IDC should follow BLS guidelines. Although trained in ACLS and familiar with advanced trauma life support principles, the IDC will not be faulted in failure of attempt at advanced lifesaving skills such as endotracheal intubation, intra-cardiac injection, or peritoneal lavage. These advanced interventions should only be performed by certified IDCs.

12. Diagnosis and treatment by an IDC under indirect supervision assumes capability to do a history and physical exam. IDCs can perform and sign as examiner for routine history and physical examinations, to include periodic health assessments and operational or sea duty screenings. These examinations are subject to periodic review by the clinical supervisor. Routine history and physical examinations, for the purposes of this instruction, do not include special duty physical examinations (e.g., diving duty, submarine duty, nuclear field duty, special operations duty, aviation duty, ionizing radiation medical exams) or separation and retirement examinations.

13. Questions regarding assignment of an IDC to clinical duties and responsibilities that may constitute a deviation from this instruction must be submitted through the chain of command to the BUMED IDC program managers, BUMED-M95.

INDEPENDENT DUTY CORPSMEN
TRAINING, CERTIFICATION, AND SUPERVISION GUIDELINES

1. Initial Training

a. The initial training for Navy IDCs is conducted at the NAVUSEAMEDINST, SURFWARMEDINST, and NAVSPECOPSMEDINST.

b. Training supports the attainment of the clinical core competencies of the IDC. This includes, but is not limited to, basic medical science; pharmacology; basic laboratory investigation; medical, dental, and surgical training; clinical diagnosis and treatment of primary care disease; emergency medical and trauma management; familiarity with Navy and Federal public health policies; the management of Navy environmental and occupational health programs; understanding of medical data recording systems; management of medicinal stores; and medical record administration.

c. Upon graduation, the IDC NEC recommendation is placed in Corporate Enterprise Training Activity Resource Systems (CeTARS) via SURFWARMEDINST, NAVUSEAMEDINST, or NAVSPECOPSMEDINST and forwarded to NAVPERSCOM, Placement Management (PERS-4013). PERS-4013 reviews the NEC recommendation and awards the NEC. NAVMEDEDTRALOGCOM monitors and approves the development of the IDC training programs to prepare and certify IDCs to perform duties under indirect supervision.

d. The local personnel support detachment will make an entry in the IDC's service record such as, "(Name, rank) has successfully completed initial IDC training and has been certified on (Date)." The NAVPERS 1070/604 Enlisted Qualifications History entry will serve as the initial certification for the IDC program.

2. Certification and Training to Provide Clinical Care

a. Upon arrival at a new command, the IDC must be assigned a clinical supervisor and an assistant program manager by the unit's designated program director or program manager. The clinical supervisor must review the IDC's NAVPERS 1070/604 entry and sign a NAVPERS 1070/613 Administrative Remarks documenting his or her initial meeting with the assigned IDC. The remarks will state that the IDC is "Qualified to perform clinical duties independent of direct supervision of a licensed independent practitioner when deployed on land or sea or as applicable for a period of 2 years from last certification."

b. The IDC must be authorized in writing by the assigned clinical supervisor to prescribe or provide medications carried on the IDC specific MTF formulary or authorized medical

allowance list. Any restrictions or exceptions (e.g., controlled medicinal) must be plainly stated. A copy of the letter must be retained in the IDC certification and training record with a copy provided to the pharmacy; see enclosure (6).

c. Professional Requirements. The requirements in subparagraphs 2a(1) (figure 4-1) and 2a(2) (figure 4-2) must be obtained and maintained.

(1) Patient Care Requirements

<u>CERTIFICATIONS</u>	<u>8402</u>	<u>8403</u>	<u>8425</u>	<u>8494</u>
ACLS	X	X	X	X
BLS-instructor	X	X	X	X
Authorization letter to provide indirect care	X	X	X	X
Authority to prescribe medication letter	X	X	X	X
Completed NAVMED 6400/2 within 2 years	X	X	X	X
Fifteen continuing medical education units annually	X	X	X	X
Quarterly review of patient encounters by clinical supervisor	X	X	X	X

Figure 4-1

(2) Operational Requirements

<u>CERTIFICATIONS</u>	<u>8402</u>	<u>8403</u>	<u>8425</u>	<u>8494</u>
Pest Management	X		X	X
Food Sanitation	X		X	X
Advanced Tactical Paramedic		X		

Figure 4-2

3. Certification and Training Record

a. The initial training record must be generated by the IDC's first receiving command after PCS from IDC school and must be maintained throughout the IDC's career as a record of his or her clinical competence and certification.

b. The program manager or assistant program manager must maintain a six-part training record on each IDC, which must contain at a minimum the items listed in subparagraphs 3b(1) through 3b(6).

(1) Section 1. Copies of all NAVPERS 1070/613 initial certification, and certification renewals.

(2) Section 2. Completed copies of NAVMED 6400/2, except when arriving for first duty assignment from IDC school. Additionally, the active NAVMED 6400/2 which is being worked on for the next renewal of certification must be present.

(3) Section 3. CEU training records including all clinical courses, certifications, college courses, self-study correspondence courses, general military training, shipboard training, and professional development courses.

(4) Section 4. Clinical supervisor and assistant program manager periodic evaluations and discussions of patient care are listed on NAVMED 6400/1 and memorandum for the record (e.g., lapsed quality assurance, deployment).

(5) Section 5. Deficiencies and corrective action entries. All documentation related to certification suspensions and plans of supervision will be filed here.

(6) Section 6. Operational unit data pertaining to audits, inspections, and all other non-rate related training. Include cover letter of audits and summary of inspections.

c. This record must be reviewed during the quality assurance process and at least quarterly by the assistant program manager. The record must also be audited by the program director and program manager annually. Documentation of all reviews and audits must be listed within section 6 of the six-part folder.

d. Upon transfer, the IDC program manager or assistant program manager must ensure the certification and training record is forwarded to the gaining command. The record may be hand carried by the IDC especially when reporting to or from an operational assignment. The IDC program manager or assistant program manager must retain a copy until acknowledgement that the gaining command has received the certification and training record. The IDC may keep a copy of his or her record. It is the gaining command's responsibility to ensure receipt of the training record prior to enrolling the IDC in their supervision program and assigning clinical duties. The certification and training record must be made available immediately upon arrival of the IDC at the gaining command for immediate assignment of clinical duties, as appropriate.

4. Renewal of Certification. The process of certification renewal must be performed every 2 years. For renewal, the clinical supervisor must perform, at a minimum, the actions listed in subparagraphs 4a through 4d.

a. Review the certification and training record.

b. Review the current, in-progress NAVMED 6400/2. The clinical supervisor must review the NAVMED 6400/2 with the IDC, determining which categories on the check list remain to be completed for the current renewal cycle. A portion of each periodic IDC quarterly quality assurance meeting must be devoted to a review of a section of the clinical competencies check list. When the IDC has satisfactorily answered the competency questions for each item on the checklist, the clinical supervisor must initial and date to denote that the specific core competencies have been mastered. Questions asked of the IDC related to each core competency must be protocol or evidence-based and must be reflective of good clinical practices.

c. When all the categories on the NAVMED 6400/2 have been completed and the clinical supervisor has confidence in the IDC's ability to practice under indirect supervision, the clinical supervisor must annotate on NAVPERS 1070/613, that "(IDC's rank and rate and name) certification was renewed on this date and he or she is certified to perform clinical duties independent of a licensed practitioner's direct supervision for a period of 2 years." A copy of the NAVPERS 1070/613 must be placed in the IDC certification and training record. Renewal of certification must also be recorded by either the program manager or assistant program manager electronically in Defense Medical Human Resources System-Internet if applicable.

d. All IDCs who receive orders to an operational fleet or Fleet Marine Force billet must complete the entire recertification process prior to transfer.

5. Certification Maintenance. To support maintenance of IDC certification, the clinical supervisor must complete the requirements in subparagraphs 5a through 5g.

a. Document a minimum of five health record reviews for each IDC assigned under their care a month to assess clinical performance.

b. Review health records for administrative content and clinical documentation, to include appropriate clinical history, examination, diagnosis, and treatment plan (including proper referral if warranted). Lab and radiology utilization, results, and adjudication; medication management; and follow up must also be reviewed.

c. Document health record reviews and discuss clinical issues, and opportunities to improve care with each IDC. Both the IDC and clinical supervisor must sign NAVMED 6400/1 at the end of each review.

d. Provide quarterly evaluation for each IDC and a written report to the program director annually via the program manager. The results of this review must be discussed with the IDC and filed in the IDC training record. Discussion of the results with the IDC's chain of command is highly recommended and can be accomplished either through direct debrief, electronic mail, or any preferred means of notification.

e. If the IDC is deployed or operational commitments prevent the quarterly review, the review may be deferred. In such instances, the required reviews must be completed within 2 months of return to home port and must include review of care provided while deployed.

f. Ensure each IDC completes 15 CEUs annually.

g. Ensure IDC professional certifications are up to date and current. See subparagraph 2c.

6. Remediation and Suspension

a. The clinical supervisor must discuss clinical practice deficiencies with the IDC prior to notifying the program director and program manager. Deficiencies in clinical competencies must be identified and documented on NAVMED 6400/1, and must be signed by the IDC and the clinical supervisor. A detailed plan of remediation to correct clinical deficiencies must also be recorded on the NAVMED 6400/1. No more than 6 months may be used for this process. If resolved, then no further action is necessary. For operational commands, the IDC's chain of command must be notified and involved early in this process.

b. If the problem persists or cannot be resolved, then the program director and program manager will be notified and must make a decision on whether to suspend the IDC's certification after review of the clinical supervisor's concerns regarding the IDC clinical competence.

c. If suspension is the decided course of action, the program director, the program manager, and the clinical supervisor of the IDC must inform the IDC's commanding officer as well as the relevant medical authority responsible for the establishment of the IDC supervision program.

d. After a suspension has been performed, the IDC's commanding officer must ensure the IDC provides clinical care to patients only under direct supervision within the framework of a plan of supervision.

e. The clinical supervisor must review the clinical deficiencies leading to suspension and develop a plan of supervision to remediate the deficiencies and prevent recurrence of the competency problem. The program director and program manager must approve the plan of supervision in writing. The IDC must acknowledge receipt of the plan of supervision and a copy must be filed in the IDC training record and forwarded to the IDC's commanding officer.

f. IDCs with suspended certification may continue to receive special pays for which they are eligible, for a period of up to 6 months.

g. Restoration of a suspended certification must follow completion of remedial training. The clinical supervisor must affirm IDC competency in the problem area(s) and reinstate

certification. The program director, program manager, and commanding officer as well as the relevant medical authority responsible for the establishment of the IDC supervision program will be advised.

h. The IDC or the clinical supervisor can appeal the decision made by the program director and program manager. The appeal must be made to the relevant medical authority responsible for establishment of the IDC supervision program (i.e., Surgeon General, COMUSFLTFORCOM, COMPACFLT, and TMO).

7. Detachment for Cause. Removal of the IDC from the assigned activity is a command action recommended by the program director and program manager. The commanding officer must initiate the detachment for cause process, per reference (b).

8. Removal of NEC. NEC removal for cause is initiated by the Service member's command via recommendations from the program director and program manager and per references (c) and (d). NEC removal is a serious administrative measure. It must only be used when all other efforts (training, counseling, guidance) are exhausted. Once the IDC NEC is removed, it cannot be awarded again. Enclosure (5) explains the NEC removal process in greater detail.

9. REFTRA. REFTRA must be consistent with fleet needs. NAVMEDEDTRALOGCOM must ensure the development and monitoring of formal REFTRA programs to provide reorientation to essential knowledge, skills, and updates on current requirements for IDCs returning to sea or other operational duty.

a. Per reference (c), all IDCs who are under PCS orders to a ship or submarine, isolated duty station, operational or deployable activity, or duty independent of a medical officer and who have not served onboard a ship for the past 2 years, must attend the respective "en route" IDC REFTRA course.

b. IDCs reporting to REFTRA must be in a certified status and have the NAVMED 6400/2 up to date and current prior to reporting for training.

c. IDCs must maintain individual medical readiness and be fully prepared for deployment upon short notice.

d. The requirement for REFTRA may be waived by the gaining TYCOM medical authority. IDCs returning to sea from ISICs; naval submarine support center or destroyer squadron; or IDC school houses (NAVUSEAMEDINST, SURFWARMEDINST, or NAVSPECOPSMEDINST) may be eligible for a waiver.

10. CEU. All IDCs must participate in a CEU program that has been certified by NAVMEDPRODEVCTR. At a minimum, IDCs must complete 15 CEUs annually, targeted at

clinical competencies. Compliance with this requirement must be assessed on a 12-month rolling basis (e.g., an internal IDC program review occurring on 1 August must assess whether an IDC has completed at least 15 CEUs within the previous 12 months). Program directors may grant waivers to those IDCs assigned to an operational unit where compliance would adversely affect the unit's mission. CEUs can be obtained from many sources.

a. IDCs are strongly encouraged to keep their medical education current through regular, consistent study of medical publications, references, and computer aided training. CEU credit can be granted by the clinical supervisor for this type of learning if deemed appropriate.

b. Attendance at medical lectures provided by local clinical staff or physicians should be utilized when available, and this attendance may be credited as CEUs towards the annual requirement.

c. CEUs may be earned by participating in any clinical supervisor-approved educational course. The clinical supervisor may also direct an IDC to complete specific CEU courses to correct identified clinical deficiencies. Training given by physicians or licensed independent practitioners can be awarded as a CEU by the clinical supervisor. Recommended guideline: 1 hour of approved training equals 1 CEU.

d. NAVMEDPRODEVCTR will authorize funding, if available, for CEU completion for IDCs assigned to Navy and USMC operational commands (non BSO 18).

e. Enclosure (7) provides a sample format to request funding for CEUs. The program director and program manager must assist the IDC with obtaining MTF specialty training if indicated.

NAVY ENLISTED CLASSIFICATION REMOVAL PROCESS

1. NEC removal can occur due to a significant event or a pattern of poor performance. Bureau of Naval Personnel, Hospital Corpsman Enlisted Community Manager (BUPERS-325), has authority to remove IDC NECs. Examples of circumstances warranting NEC removal are included below in subparagraphs 1a through 1k.

- a. Detachment for cause
- b. Criminal activity
- c. Multiple counseling or letters of instruction
- d. Alcohol related incident
- e. Psychological problem
- f. Professional misconduct
- g. Integrity violations
- h. Pattern of incompetency
- i. Moral character deficiencies
- j. Untreated or relapsing substance abuse or dependence
- k. Failure to maintain certification

2. Initiation. NEC removal for cause must be initiated by the member's command with recommendations from the program director and program manager. NEC removal is a serious administrative measure. It must only be used when all other efforts (training, counseling, and guidance) are exhausted. NEC removal cannot be a punitive measure. The NEC will not be removed without a NAVPERS 1221/6 Navy Enlisted Classification (NEC) Change Request, signed by the commanding officer. If the IDC is in an independent operational assignment, it is highly recommended that the command initiate the detachment for cause process, along with an NEC removal request, to ensure a fully qualified IDC replacement can be billeted into the assignment in a timely manner. Once the IDC NEC is removed, it cannot be awarded again. Refer to figure 5-1 for the workflow of an NEC removal package.

Flow of an NEC Removal Package

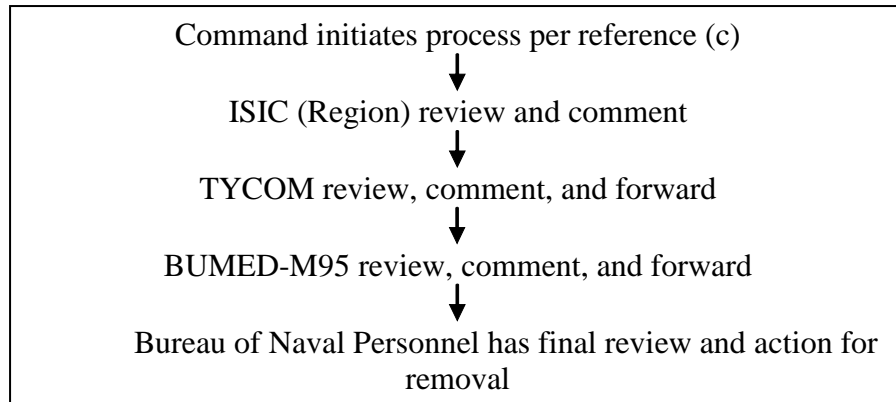


Figure 5-1

3. Composition of an NEC Removal Package. The items in subparagraphs 3a through 3f should be included with an NEC removal package (as applicable).

- a. NAVPERS 1221/6
- b. Adverse evaluation or fitness report (if required per reference (d))
- c. NAVPERS 1626/7 Report of Disposition of Offense(s)
- d. All counseling and supporting documentation found in section 5 of member's certification and training record
- e. Letter from clinical supervisor or program director supporting NEC removal
- f. Detachment for cause documentation (command letter for detachment for cause and member's acknowledgement letter of detachment for cause if applicable)

SAMPLE AUTHORIZATION TO PRESCRIBE MEDICATION

(Use this template for appointing each position individually)

6400
Date

From: (Clinical Supervisor)

To: (Name of IDC)

Subj: AUTHORIZATION TO PRESCRIBE MEDICATION

Ref: (a) OPNAVINST 6400.1D/MCO 6400.1A

1. As a result of your certification per reference (a), you are authorized to prescribe medications contained within the independent duty corpsmen formulary authorized medical allowance list.
2. Additional restrictions are listed below:

Signature

Copy to:
Program Director
Program Manager
IDC Certification and Training Record
Pharmacy

OPNAVINST 6400.1D
MCO 6400.1A
24 Jan 2019

SAMPLE REQUEST FOR INDEPENDENT DUTY CORPSMAN
CONTINUING EDUCATION FUNDING

1510
Date

From: (Name of Applicant)
To: Commanding Officer, Navy Medicine Professional Development Center, (Code____),
8901 Wisconsin Avenue, Bethesda, MD 20889-5611
Via: Commanding Officer (Applicant's Command)

Subj: REQUEST FOR INDEPENDENT DUTY CORPSMAN CONTINUING EDUCATION
FUNDING

Ref: (a) BUMEDINST 5050.6A
(b) Joint Federal Travel Regulations

Encl: (1) Course or Meeting Registration Confirmation

1. Per reference (a), I request approval to attend (the short course, workshop, seminar, conference, and meeting) described in enclosure (1) and listed below on temporary additional duty orders.

- a. Title of course or meeting:
- b. Location of course or meeting:
- c. Inclusive dates of course or meeting (not including travel):
- d. Cut-off date for registration:
- e. Sponsor of course or meeting:
- f. Course or meeting fees:
- g. Estimated travel cost:

(1) Travel is requested from (location) to (location) and return to (location).

(2) Contract airfare is available and desired: Yes/No (If yes, indicate the fare.)

Enclosure (7)

Subj: REQUEST FOR INDEPENDENT DUTY CORPSMAN CONTINUING EDUCATION FUNDING

(3) Government transportation request is available and desired: Yes/No (If yes, indicate the fare.)

(4) Privately owned vehicle is desired for travel: Yes/No (If yes, indicate the number of miles.)

h. Per diem for meeting site location:

(1) Government quarters are available: Yes/No

(2) Government messing is available: Yes/No

i. Estimated miscellaneous expenses:

j. Continuing education units or credits to be awarded:

2. I (have/have not) received orders for release from active duty, retirement, or permanent change of station moves. My projected rotation date from my current duty station is:

3. I may be reached at:

a. Voice: DSN: Commercial:

b. Fax: DSN: Commercial:

c. E-mail:

d. TAD office point of contact and e-mail:

4. Attendance at the above course or meeting will provide for CE as listed in enclosure (1).

5. I am a (member/non-member) of the sponsoring agency or organization.

6. I understand any advance payment of fees or related expenses from personal funds will be my responsibility if this is not approved.

OPNAVINST 6400.1D
MCO 6400.1A
24 Jan 2019

Subj: REQUEST FOR INDEPENDENT DUTY CORPSMAN CONTINUING EDUCATION
FUNDING

7. I must comply with reference (b) by submitting a travel claim to my local personnel support detachment within 5 calendar days of return from travel and personally forward a fully liquidated copy of the travel claim to Navy Medicine Professional Development Center after my personnel support detachment completes liquidation.

Signature
NAME in caps

SAMPLE

OPNAVINST 6400.1D
MCO 6400.1A
24 Jan 2019

SAMPLE APPOINTMENT OF PROGRAM DIRECTOR
(Use this template for appointing each position individually)

6400
Originator Code
Date

From: (MTF Commanding Officer/Relevant Medical Authority)
To: (Name of Medical Officer)

Subj: APPOINTMENT AS INDEPENDENT DUTY CORPSMAN SUPERVISION
PROGRAM DIRECTOR

Ref: (a) OPNAVINST 6400.1D/MCO 6400.1A

1. Per reference (a), you have been appointed as the independent duty corpsman (IDC) supervision program director of the IDC supervision program for [name of command].
2. As the IDC supervision program director, you are hereby directed to adhere to the duties and responsibilities outlined in reference (a), subparagraph 7h.
3. You are directed to become completely familiar and knowledgeable with reference (a) and ensure that the IDC supervision program meets all requirements of this directive.

Signature

Copy to:
Service Record
Program Director
Program Manager

OPNAVINST 6400.1D
MCO 6400.1A
24 Jan 2019

SAMPLE APPOINTMENT OF PROGRAM MANAGER
(Use this template for appointing each position individually)

6400
Date

From: (IDC Supervision Program Director)

To: (Name Senior Enlisted)

Subj: APPOINTMENT AS INDEPENDENT DUTY CORPSMAN SUPERVISION
PROGRAM MANAGER

Ref: (a) OPNAVINST 6400.1D/MCO 6400.1A

1. Per reference (a), you have been appointed as the independent duty corpsman (IDC) supervision program manager of the IDC supervision program for [name of command].
2. As the IDC supervision program manager, you are hereby directed to adhere to the duties and responsibilities outlined in reference (a), subparagraph 7h(2).
3. You are directed to become completely familiar and knowledgeable with reference (a) and ensure that the IDC supervision program meets all requirements of this directive.

Signature

Copy to:
Service Record
Program Director
Program Manager

Enclosure (9)

OPNAVINST 6400.1D
MCO 6400.1A
24 Jan 2019

SAMPLE APPOINTMENT OF CLINICAL SUPERVISOR
AND ASSISTANT PROGRAM MANAGER

(Use this template for appointing each position individually)

6400
Date

From: (IDC Supervision Program Director)

To: (Name of Licensed Independent Practitioner/Senior Enlisted Corpsman)

Subj: APPOINTMENT AS INDEPENDENT DUTY CORPSMAN CLINICAL
SUPERVISOR/ASSISTANT PROGRAM MANAGER

Ref: (a) OPNAVINST 6400.1D/MCO 6400.1A

1. Per reference (a), you have been appointed as the independent duty corpsman (IDC) clinical supervisor and assistant program manager for (name of IDC).
2. As the appointed clinical supervisor and assistant program manager, you are hereby directed to adhere to the duties and responsibilities outlined in reference (a), subparagraph 7i.
3. You are directed to become completely familiar and knowledgeable with reference (a) and ensure that the IDC supervision program meets all requirements of this directive.

Signature

Copy to:
Service Record
Program Director
Program Manager
IDC Certification and Training Record

Enclosure (10)

SAMPLE NOTIFICATION OF
INDEPENDENT DUTY CORPSMAN CLINICAL SUPERVISOR APPOINTMENT
(Use this template for appointing each position individually)

6400
Date

From: IDC Supervision Program Director/Manager)
To: (Rank/Rate and Name of IDC)

Subj: ASSIGNMENT OF INDEPENDENT DUTY CORPSMAN CLINICAL
SUPERVISOR

Ref: (a) OPNAVINST 6400.1D/MCO 6400.1A

1. Per reference (a), (name of clinical supervisor), has been designated to serve as your clinical supervisor. In the absence of your clinical supervisor, a designated, licensed clinician assigned to your clinic must serve in lieu of your clinical supervisor.
2. Your designated clinical supervisor has been directed to provide supervision and training, to include ongoing review and assist with your delivery of health care to patients.
3. Your designated clinical supervisor has been specifically directed to meet with you on a periodic basis to review a sufficient number of medical records that you have completed. The clinical supervisor is directed to support your request for assistance in providing health care and is responsible medico-legally for the health care you provide.

Signature

Copy to:
Program Director
Program Manager
Clinical Supervisor
IDC Certification and Training Record